

<b>Case Number:</b>	CM13-0042689		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Certificate in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old male with date of injury on 11/01/2012. The progress report dated 10/21/2013 by [REDACTED] indicates that the patient's diagnoses include: Status post subacromial decompression, status post rotator cuff repair of the right shoulder. The patient continues with right shoulder pain. He has continued weakness and difficulty with ADLs secondary to weakness and pain of the right shoulder. Exam findings indicate the patient has tenderness to palpation over the anterior compartment of the right shoulder. There was also mild atrophy noted over the infraspinatus posteriorly. The patient had restricted range of motion secondary to the pain. Strength was 3+/5. An additional 12 sessions of physical therapy was requested. The utilization review letter dated 10/24/2013 indicates that the patient was status post shoulder surgery for the rotator cuff repair on 02/15/2013. It was noted that the patient has had at least 12 physical therapy sessions, and was approved for 24 (how many of the additional sessions were completed is unknown).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy for the Right Shoulder 2x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

**Decision rationale:** The patient continues with right shoulder pain and muscle weakness. He is status post greater than 8 months from his rotator cuff surgery. The utilization review letter indicated that the patient had at least 12 sessions of physical therapy and that 24 sessions were approved. There were 6 physical therapy treatment notes reviewed between the dates of 05/07/2013 and 06/19/2013. The progress report on 10/21/2013 indicates that the patient continues with right shoulder pain and weakness as well as muscle atrophy in the subscapularis or infraspinatus muscle. Post-surgical treatment guidelines state that at the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24-visit limitation for a chiropractic, occupational, and physical therapy pursuant to labor code section 4604.5. For non-post-op therapy, MTUS page 98, 99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine period. Up to 10 sessions of physical therapy is supported for myalgia and myositis. The request for 12 sessions of physical therapy exceeds the recommendations noted above. Therefore, recommendation is for denial.